

Revised 03/06 WDNV

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW YORKFORM TO BE USED IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
(Prisoner Complaint Form)

All material filed in this Court is now available via the INTERNET. See **Pro Se Privacy Notice** for further information.

1. CAPTION OF ACTION

20 CV 771S

**A. Full Name And Prisoner Number of Plaintiff:** NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.

1. Derrick Johnson #09B3096

2. \_\_\_\_\_

-VS-

**B. Full Name(s) of Defendant(s)** NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.

1. John Rich

4. \_\_\_\_\_

2. M. Coryer

5. \_\_\_\_\_

3. William Mack

6. \_\_\_\_\_

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

**PLAINTIFF'S INFORMATION** NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name and Prisoner Number of Plaintiff: Derrick Johnson #09B3096

Present Place of Confinement &amp; Address: Elmira Correctional Facility, 1879 Davis St., P.O. Box 500, Elmira, N.Y.

Name and Prisoner Number of Plaintiff: \_\_\_\_\_

Present Place of Confinement &amp; Address: \_\_\_\_\_

**DEFENDANT'S INFORMATION NOTE:** To provide information about more defendants than there is room for here, use this format on another sheet of paper.

Name of Defendant: J. Rich

(If applicable) Official Position of Defendant: Superintendent of Elmira Correctional Facility

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: Assigned to work at Elmira Correctional Facility, located;  
1879 Davis St., P.O. Box 500, Elmira, N.Y. 14902

Name of Defendant: M. Coryer

(If applicable) Official Position of Defendant: Deputy Superintendent of Elmira Correctional Fac.

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: Assigned to work at Elmira Correctional Facility, located;  
1879 Davis St., P.O. Box 500, Elmira, N.Y. 14902

Name of Defendant: W. Mack

(If applicable) Official Position of Defendant: Nurse Administrator at Elmira C. F.

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: Assigned to work at Elmira Correctional Facility, located;  
1879 Davis St., P.O. Box 500, Elmira, N.Y. 14902

#### 4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

- A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?  
Yes ☐ No ☒

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_

3. Docket or Index Number: \_\_\_\_\_

4. Name of Judge to whom case was assigned: \_\_\_\_\_

5. The approximate date the action was filed: \_\_\_\_\_

6. What was the disposition of the case?

Is it still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give the approximate date it was resolved. \_\_\_\_\_

Disposition (check the statements which apply):

\_\_\_\_\_ Dismissed (check the box which indicates why it was dismissed):

\_\_\_\_\_ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

\_\_\_\_\_ By court for failure to exhaust administrative remedies;

\_\_\_\_\_ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

\_\_\_\_\_ By court due to your voluntary withdrawal of claim;

\_\_\_\_\_ Judgment upon motion or after trial entered for

\_\_\_\_\_ plaintiff

\_\_\_\_\_ defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes \_\_\_\_\_ No ☒

If Yes, complete the next section. NOTE: *If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit: \_\_\_\_\_

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. District Court: \_\_\_\_\_

3. Docket Number: \_\_\_\_\_

4. Name of District or Magistrate Judge to whom case was assigned: \_\_\_\_\_

5. The approximate date the action was filed: \_\_\_\_\_

6. What was the disposition of the case?

Is it still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give the approximate date it was resolved. \_\_\_\_\_

Disposition (check the statements which apply):

Dismissed (check the box which indicates why it was dismissed):

- ☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- ☐ By court for failure to exhaust administrative remedies;
- ☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- ☐ By court due to your voluntary withdrawal of claim;

Judgment upon motion or after trial entered for

- ☐ plaintiff
- ☐ defendant.

### 5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- |                    |                        |                               |
|--------------------|------------------------|-------------------------------|
| • Religion         | • Access to the Courts | • Search & Seizure            |
| • Free Speech      | • False Arrest         | • Malicious Prosecution       |
| • Due Process      | • Excessive Force      | • Denial of Medical Treatment |
| • Equal Protection | • Failure to Protect   | • Right to Counsel            |

**Please note that** it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

**Fed.R.Civ.P. 8(a)** states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995). **Fed.R.Civ.P. 10(b)** states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

### Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.



**A. FIRST CLAIM:** On (date of the incident) see attached page,  
defendant (give the **name and position held** of each defendant involved in this incident) \_\_\_\_\_

did the following to me (briefly state what each defendant named above did): \_\_\_\_\_

The constitutional basis for this claim under 42 U.S.C. § 1983 is: Denial of medical treatment, (Dental) for failure to act in a timely fashion

The relief I am seeking for this claim is (briefly state the relief sought): To see a dentist and receive the treatment needed, and for the state to pay for the pain and anguish I have been subject to

**Exhaustion of Your Administrative Remedies for this Claim:**

Did you grieve or appeal this claim? ☒ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what was the result? Grievance Committee at E.C.F. agreed with me

Did you appeal that decision? ☒ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what was the result? I am waiting for a decision from the C.O.R.C. as I file this claim.

*Attach copies of any documents that indicate that you have exhausted this claim.*

If you did not exhaust your administrative remedies, state why you did not do so: \_\_\_\_\_

**A. SECOND CLAIM:** On (date of the incident) \_\_\_\_\_,  
defendant (give the **name and position held** of each defendant involved in this incident) \_\_\_\_\_

did the following to me (briefly state what each defendant named above did): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The constitutional basis for this claim under 42 U.S.C. § 1983 is: \_\_\_\_\_

The relief I am seeking for this claim is (briefly state the relief sought): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Exhaustion of Your Administrative Remedies for this Claim:**

Did you grieve or appeal this claim? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what was the result? \_\_\_\_\_

Did you appeal that decision? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what was the result? \_\_\_\_\_

*Attach copies of any documents that indicate that you have exhausted this claim.*

If you did not exhaust your administrative remedies, state why you did not do so: \_\_\_\_\_

\_\_\_\_\_

**If you have additional claims, use the above format and set them out on additional sheets of paper.**

\_\_\_\_\_  
\_\_\_\_\_

**6. RELIEF SOUGHT**

*Summarize the relief requested by you in each statement of claim above.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want a jury trial? Yes ☒ No ☐

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed on \_\_\_\_\_  
(date)

**NOTE:** *Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.*

Derrick Johnson

Signature(s) of Plaintiff(s)

AFFIDAVIT OF SERVICE

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF CHEMUNG )

I, Derrick Johnson, being duly sworn, deposes and says that:

1. I am a party to this action, 18 years or older, and an inmate at Elmira Correctional Facility, P.O. Box 500, Elmira, New York.

2. On the 13 day of June, 2020, I served the following described paper(s): 42 u.s.c. 1983 civil cover sheet, Authorizations for account balance, and verification by mailing the paper(s) to the person at the address designated by him or her for that purpose by depositing the same in a first class, postpaid, properly addressed wrapper, in an official depository under the exclusive care and custody of the above-mentioned facility for the United States Postal Office within the State of New York. The name of the person or names of the persons served and the address or addresses at which service was made are as follows:

clerk of the court  
u.s. District court  
Western District of N.Y.  
2 Niagara Square  
Buffalo N.Y. 14202-3498

Dated: 6-13-, 2020  
Chemung County, New York

Respectfully submitted,

David Johnson

Sworn to Before me this 13<sup>TH</sup>  
day of JUNE, 2020.

Eljah Nichols  
NOTARY PUBLIC

ELIJAH NICHOLS I.D.#01N16405359  
NOTARY PUBLIC, STATE OF NEW YORK  
Qualified in Chemung County  
Commission expires on March 09, 2024



1. First claim- Defendant, J.Rich, was notified by myself about the need to be seen by a Dentist. I have written to sick call on three (3), occasions, from the begining of January 2020, until the end of February 2020, and if the Supt. J.Rich, would've acted then before the restrictions were put into place I would have had no reason to bring a complaint to anyone's attention. *See Exhibit "A"*

2. I was then given a reply from Deputy Superintendent of Health, M.Coryer, and he basically said that at the current moment there is no Dentist at this facility to perform the Oral Surgey needed in my case which the Dental Hygenist Ms. Wheeler recomended, due to me having an abscess and was given antibiotics for the swelling, which was an infection. This "Denial of Medical Attention", is needed like yesterday, and I can not eat, sleep, or concentrate due to this pain I am having to endure. *See Exhibit "B"*

3. Defendant, William Mack, the Nurse Administrator assigned to work at Elmira Correctional Facility has procra-  
stinated in dealing with this specific situation for not acting accordingly before the restrictions were put into place hindering me from the procedure needed by an Oral Surgeon, and should be held accountable for this delay and reprimanded for his delay in acting on a timely fashion. *See Exhibit "C"*

EXHIBIT

" A "

Elmira Corr. Facility

March 19, 2020

Supt. Rich  
Elmira C.F.

Re: Need to see Dentist.

Supt. Rich,

The reason for this correspondence is to inquire the length of time I must wait to see a Dentist. I have written three (3) sick call slips over the course of approximately three (3) months due to a very bad toothache which hinders me to eat, sleep, etc. and I can not get anything done.

So my plea for help is being forwarded to you so that you can maybe expedite me seeing a Dentist some time in the very near future.

I would like to thank you in advance for your time and consideration in the present matter.

Respectfully Submitted,

Dennis Johnson

EXHIBIT

"B"




## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

**TO:** Johnson, D. 09B3096

**FROM:** M. Coryer, Deputy Superintendent for Health 

**DATE:** April 2, 2020

**SUBJECT:** Reply to Letter

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Mr. Johnson,

We do not have a dentist on site at the present time. We are actively recruiting and everyone is acutely aware of the need for routine dental services for our population. You do have a current referral for evaluation and treatment by an oral surgeon when the current pandemic is under control and trips/appointments resume.

If you have further healthcare concerns, please request sick call and you can be referred to a medical provider for evaluation and treatment.

DSH Coryer



EXHIBIT

" C "

TO: Nurse Administrator

From: Derrick Johnson 09B3096 I-1-10

3-17-2020

Date:

RE: FOIL Request

Yes I am writing to request my sick  
call slips about my dental requests! Because I need them  
for my

Grievance. I thank it just three slips I wrote requesting  
to see a dentist.

*Derrick Johnson*  
Derrick Johnson  
09B3096 I-1-10  
File cc...

AFFIDAVIT OF SERVICE

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF CHEMUNG )

I, Derrick Johnson, being duly sworn, deposes and says that:

1. I am a party to this action, 18 years or older, and an inmate at Elmira Correctional Facility, P.O. Box 500, Elmira, New York.

2. On the 13 day of June, 2020, I served the following described paper(s): 42 u.s.c. 1983, civil cover sheet, Authorizations for account balance, and verification. by mailing the paper(s) to the person at the address designated by him or her for that purpose by depositing the same in a first class, postpaid, properly addressed wrapper, in an official depository under the exclusive care and custody of the above-mentioned facility for the United States Postal Office within the State of New York. The name of the person or names of the persons served and the address or addresses at which service was made are as follows:

clerk of the court  
u.s. District court  
Western District of N.Y.  
2 Niagara Square  
Buffalo N.Y. 14202-3498

Dated: 6-13-, 2020  
Chemung County, New York

Respectfully submitted,

Derrick Johnson

Sworn to Before me this 13<sup>TH</sup>  
day of JUNE, 2020.

Elijah Nichols  
NOTARY PUBLIC

ELIJAH NICHOLS I.D.#01N16405339  
NOTARY PUBLIC, STATE OF NEW YORK  
Qualified in Chemung County  
Commission expires on March 09, 2024

Clerk of the Court  
U.S. District Court for the  
Western District of New York  
2 Niagara Square  
Buffalo, NY 14202

**Re: 42 U.S.C. §1983 Summons and Complaint**

Dear Court Clerk:

Please find enclosed one (1) original and three (3) copies of my Pro Se 42 U.S.C. §1983 Summons and Complaint and all supporting papers and affidavits.

If I have failed to serve any other paper work or there is any further information you may need from me in order to process my motion, please feel free to contact me at the above listed address. I would like to thank you for your time and consideration in this matter and I look forward to hearing from your office with a favorable decision from the Court.

Respectfully submitted,

Derrick Johnson  
Derrick Johnson, #09B3096  
Claimant, "Pro-Se"  
Elmira Correctional Facility  
P.O. Box 500  
Elmira, N.Y. 14902

cc: File

Derrick Johnson  
# 09 B 3096

Elmira Correctional Facility  
1879 Davis St., P.O. Box 500  
Elmira, N.Y. 14902

Clerk of the Court  
U.S. District Court  
Western District of N.Y.  
2 Niagara Square  
Buffalo, N.Y. 14202

Jun 14, 2020

Re: filing of 42 U.S.C. 1983

Sir/Madam,

The reason for this correspondence is to inform you that I am filing my 42 U.S.C. 1983, and am hoping everything is in order and I know that if it's not, you will be informing me of the mistake and on how to correct it.

I would like to thank you in advance for your time and consideration in the matter presented and that you and your loved ones are safe and healthy in these troubling times

Respectfully Submitted,

Derrick Johnson

Derrick Johnson, Pro Se  
09 B 3096.





ELMIRA CORRECTIONAL FACILITY

P.O. BOX 500

ELMIRA, NEW YORK 14902-0500

NAME: Derrick Johnson ID: 0883096 I-1-10



Clerk of the Court  
U.S. District Court  
Western District of N.Y.  
2 Niagara Square  
Buffalo, N.Y. 14202

JS 44 (Rev. 06/17)

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS Derrick JohnsonDEFENDANTS J. Rich, M. Conyer, W. Mack(b) County of Residence of First Listed Plaintiff  
(EXCEPT IN U.S. PLAINTIFF CASES)County of Residence of First Listed Defendant  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Prose Derrick Johnson #09B3096

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                        | DEF                        |   | PTF                        | DEF                        |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input checked="" type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
			<b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	
			<b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	

## V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): 42 U.S.C. 1983Brief description of cause: Civil Rights Action, Denial of Medical Treatment (dental)

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.DEMAND \$ 9,600.00

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

## FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE